PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

00605

Reg. Dist. No. 204

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED. For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	Stellenglund County Leut
How long in above place of death?	City of town
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed.	
Q	MEDICAL CERTIFICATION
0 : 00	20, DATE OF DEATH
6.(b) Name of husband of miles	21. I CERTIFY that doubt occurred on the dale above stated; that I ay Inded deceased from
7. Birth dale of decreased (mo day vr.) 4 - 3 - 1859	and that I last saw be alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of least a paration which the paration
85 9 23hrsmin.	7
8. Birthplace War Cock Hac War Jaus (Town, county, and state)	Due to Cherma Conditionalla (1/2 yr
10. Usual occupation	Bue to
11. Industry or business	
E 12. Name george Washington Beak 13. Birthplace West County	Other conditions of the state o
14. Maiden name Unamount Thisby Brown	(Include pregnancy within 8 months of death)
15. Birthplace Cent Country	Major findings of operations. Date of op.
18. interment the albert grades - Dangetter.	Autopsy results.
Address Chartestown R7. B.	PHYSICIAN: Please nnderline the cause to which death should ha charged statistically.
11. Burial remation, or removed. Which (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Genelery of crematory 5+ Caul's Caustan	Where did injury occur?
Location leas Fairly	Injured al home, tarm, industry, public place (where?)
18. Funeral director. L. W. Eslas Walls.	Means of Injury Injured at work?
Address Chafulowa D	Intellement
10 Jan 26 1940 3- H Fruitt	23. Signature M. D. or other
(Date rec'd by registrar) Registrar	Address Date sine 76/65



1. PLACE OF DEATH:

How long in above place of death?.....

Hospital, institution, or street address where death occurred

8. AG

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 923

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CERTIFICATE	OF	DEATH	

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Star maryland County / Cent
City or town Betterton and
(If outside city or town limits, write RURAL and give nearest town)
Streef No.

ow long in hospital or institution?	2.(a) If veteran, name war
(a) FULL NAME	111

. (a) FULL NAME	De	atile	La am	. 1.
. Sex	5. Color or race	6.(a) Single, married,	widowed, or divorced	
Hemal	· While	m	arried.	20, 1
(b) Name of husband o	r wife. Thil	liamo	Tolors	21.
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ed (mo., day, yr.)	7-1			1 1
E: Years	Mooths	Days	If less than one	day
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	(Town, county, and atate)	1 2
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11.	Industry or business	homes
HER	12. Name	oseph Hutcheson

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	4. Malden name ON	no Min	prett
1	4. Malden name	and the state of the fact of the state of th	/

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16. InformanfE	lisal	reth'c	lark Cl	endan

Address den	nedesville ma
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(Burial, cremation, or removal. Which?)	(month) (day) (year)
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Cemefery or crematory			
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Location	cec	llvn	and.
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18. Funeral di	rector		
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Address	Janes	11 oruce.	WWILL.
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19 Jon	10	1945	Imille	ian Celack
Date rec'd	by registrar)	•		Registra

Clark	3. (b) Social Security	Number
ME	DICAL CERTIFICATION	
O. DATE OF DEATH.	~ 8 19.45	et 114
1. I CERTIFY that death occurred		ased from 19.
mmediate tauge of death		DURATI
ue to. Ree N	andr	Der
ue to	<u> </u>	p
her conditions		
	sney within 3 months of death)	
ajor findings of operations	L Date of op.	***************

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide	, or non	TICHE.	Date 01	
Where did injury	occur?			*****
		(City or town) (C	Connty)	(State)

Injured	at home,	farm,	Industry,	public	place	(where?)	***************************************
Means	of injury	1				-/	Injured at work?

23. SIGNATURE	rack I	Enlo	MA
23. SIGNATURE	Biton	Med	M. Dor other

MARKANI STATE DELASTER GENERALES

AND THE STATE OF DEATH

BUREAU V. E.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bi-Q

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	n n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(If outside city or town limits, write RURAL and give nearest town)	State of Asking Author County of Later of the County of Later of L			
How long in above place of death? 4 4 4	(if outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. 109 / Classed - Self-			
	(If rurai, give LOCATION)			
How long In hospital or Institution?	2.(a) It veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Cenarles Kenry Lallon				
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male Col married	20. DATE OF DEATH. BUILDING 6 1945 at 9 0 M			
Mary Come Silahuan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6.(b) Name of husband or wife Alley Calabeth Comments	143 10 July 31 19 AS			
7. Birth date of	and that I last saw he alive on 19 445			
deceased (mo., day, yr.)  8 A.G.E. Years   Months   Days   It less than one day	Immediate cause of death			
1/ 1/ 1/	- A			
66 / / / / min.	Christell Land 1945			
9. Birthplace (Town, county, and state)	Que Io.			
10. Usual occupation Advantage of				
	Ove to be taled and the Children			
11. Industry or business	Total Control of the			
13. Birthplace (Mod Mod M	Other conditions of the second			
14. Majden name Ashell	(Include pregnance within 8 months of death)			
	Major findings of operations.			
15. Birthplace fulknown				
16. Informant	Autopsy results.  PHYSICIAN: Please underline the cause to which death should he charged statistically.			
Address 10 7 Ken st Chedulow MA				
17 Burial Bate thereof Jan 10 1945	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide			
(Burlal, cremation, or removal, Which?) (month) (day) (year)				
Cemetery or crematory.	Where did injury occur?			
Location Oreas Lock / fall and	Injured at home, farm, Industry, public place (where?)			
18. Funeral director as Imay & small	Means of Injury Injured at work?			
Address Chester town and FRR	I 11 11 71			
A STATE OF THE STA	23. SIGNATURE M. D. or other			
19 Chara & Barrelo Registrar)	Address Aeslulaum 2 Date signey 8 45			

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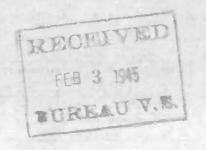


# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

00608

CERTIFICAT	TE OF DEATH Reg. Diat. No. 203
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Merry Cauril County  City or town (If outside city or town limits, write RURAL and give nesrest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME  Kater Elizabeth Murris	3. (b) Social Security Number
4. Sex 5. Color or race 0 6.(a) Single, married, widowed, or divorced  Reus. Huili Murried  8.(b) Name of husband or wife Rossie Marries	MEDICAL CERTIFICATION  20. DATE DF DEATH JULIANUS 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8. (c) Name of nusband of wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If iess than one day  5. 7 9 18 hrs. min.  9. Birthplace (Town, county, and state)  10. Usual occupation. Across or house  11. Industry or business own house  12. Name faccuses for Roothees  13. Birthplace Kent Co, Ind.  14. Maiden name Murry Individed Joiner  15. Birthplace Kent Co, Ind.	and that last saw h. C.7. alive on Jan. 22 19.45  Immediate cause of death  Cerebral Henrowhere  Due to Higher Leaven  Diher conditions  (Include pregnancy within 3 months of death)  Major findings of operations.
Address Pock Hell, Ind.  17 Burnel Pock Hell, Ind.  18 Burnel (Burial, cremation, or removal, Which?)  Cemetery or crematory Wusley Chaple  Location Ruck Hall Mid  18. Funeral director Marrin V. Millianins  Address Collection Marrin V. Millia	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  23. SIGNATURE.  Address.  Rock Hall, Mad.  Date signed 1/22/44.



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RYL.	AKILAND	SIAIL	DEPARTMENT	Ur	HEAL	IН

2411 N. Charles St., Baltimore 190

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# CERTIFICATE OF DEATH

Reg. Dist. No. ZI 02

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate Mary And Cowely Kent  City or town. Rural - Chestertown:  (If outside city or town limits, write RURAL and give nearest town)  Street No. Melitota  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
MAle White single	20. DATE OF DEATH. JR40ALY 3 1945 at 452
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw him alive on Sawary 3 19 45
deceased (mo., day, yr.) Securio S. AGE: Years Months, Days If less than one day	Immediate cause of death DURATION  Convertive heart failure
74 0 26 min.	Broncho prevmonia terminal
9. Birthplace of the County, and state)	Due to Exposure
10. Usual occupation Franch	Due to Relarge d prostate 1948:
11. Industry or busines	Due to RKLAY SE & Prostare
12. Name Turnell efferson  13. Birthplace	Other conditions MAL Nutrition
	(Include pregnancy within 8 months of death)
14. Malden name Marther Farsons  15. Birthplage Supp Ja. Sund	Major findings of operations
16. Informant Days - Louis Harson	Autopsy results
Address  17. Burial  (Burial, cremation, or removal. Which)  Address  Date thereof (poorth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal. Which)  Demetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Christislini, Manuland	Injured at home, farm, industry, public place (where?)
18. Funeral director Massing & Williams	Means of Injury Injured at work?
Address Chiefulow Maryland	Frank M. Smith
19 Jan. 6, 1945 Claral Baines. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Cheslistown Date signed 4/47

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6

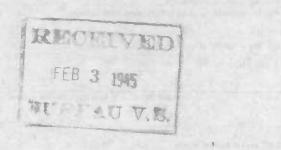
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# CERTIFICATE OF DEATH

Reg. Diat. No. 203

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
Rosalie Catherine Jones	3. (b) Social Security Number
4. Sex    Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Sex   Se	MEDICAL CERTIFICATION  2D. DATE DF DEATH JONNAIL 3 1945 at 545 A M  21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19.44 to January 3 18.45
8. AGE: Years Months Days If less than one day  4/ / / / / / / / / / / / / / / / / / /	and that I last saw h. C.T. alive on Jan. 2 1945  Immediate cause of death DURATION  Carcinoma of alouses  Busto Stadder and Rections
10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  (Town, county, and state)  House work  10. Value  Formally	Due to Primary Correspond of waterwals  Dination : 1/2 years Russer
13. Birthplace  14. Malden name Cefturius Eva Jass Korwski  15. Birthplace  18. Informant  18. Informant	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
Address Pock Hall Md  17. (Burial, cremation, or removal. Whish?)  Cemetery or crematory. D. T. J. (Burial, crematory. D. T. (Burial, crematory. D. C. (Burial, crematory.))  Burial (Burial, crematory. D. C. (Burial, crematory.))	PHYSICIAN: Please underline the caase to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Maroni VWilliams Address Chestulonin	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE.  Albert a Burgard
19. (Oate prod by registrar) 19 4 3 Sills out Sugar	Address PorkHall Md Date signed 1/3/45



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Evidence for change of

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cause of death is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-14

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Teal	(For newborn infanta give residence of mother)
City or fown. I full tank made	State MANY County I Las
In outside city or town limits, write RURAL and give nearest town!	City or town Still Rose
Una long in annie hiere on negativitation	(If outside city or town limits) write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streef No.
	(If rural, giva LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
-11 1 Mark -0	S. (V) Decial Decarty Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	fouls
4. Sex S. Color of face S. Co) Single, married, whowen, or divorced	// MEDICAL CERTIFICATION
The C wedowed	20. DATE DF DEATH 20. 19.45 at 10.5 11.5
0 0 010	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	Jan /21 1945, 10 Law 22 1945
7. Birth date of	and that I last saw halffullye on 22 2 19 19 7 3
deceased (mo., day, yr.)  8 A.G.F. Years   Months   Days   If tess than one day	Immediate cause of death DURATION
8. AGE: Years Months Days If tess than one day	Honorthag Thing I ha
66 7 +min.	not due to tulefulosis. I
ltill Fail Tour	Due fa custo
9. Birthplace	Due 16.
10. Usual occupation tasus y	
11. Industry or business	Due 10.
	Mark to discuss 1000 - 20
12. Name Beryamis Jores  13. Birthpiace Anareland	Other conditions I weeked died in morelly
13. Birthplace margland	du to alrassioni,
14. Maiden name Thar agrey ward.	(luclude pregnancy within 3 mouths of death)
	Major findings of aperations
2 15. Birthplace Chargeand	Date of op,
16. Informant Cos a Sutter welson	Autopsy results
Address Still & and . Tel.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Duck	22. VIOLENCE: tf death was due to external causes, fill in the following;
17 Date thereof Care 26/165.	Accident, suicide, or homicide
(Burial, eremation, or semoyal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location I till and rud	Injured at home, farm, industry, public place (where?)
18. Funeral director 13 VP Ctellows	Meens of Injury Injured at work?
Address Still Pond red	4000
On al UT Infolanti	23. SIGNATURE M. D. or other
19. Family 19 40 / Western	
(Date rec'd by registrar) Registrar	Address Sull Jona Date signed 1/26/45

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CERTIFICATE OF DESIGNATION

FEB 6 1945
BUREAU V.S.

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Evidence for change of	MARYLAND STATE DEPARTMENT OF HEALTI
are of deceased is shown	2411 N. Charles St., Baltimore

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IM No G 9 2 MAR 10 1945	CERTIFICATE OF DEATH

M NO (7 9 & MAN I U 10 10	avge visit a ve maraniniminimi
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infapos give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mary land, gounty, / text
How long in above place of death?	City or town (If outside city or town jmits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	Street No. 321 Cannon St.
32/ Kamun St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Varna Jane Mill	u -
4. Sex 5. Color or race 6.(a)Single harried, widowed, or divorced	MEDICAL CERTIFICATION
1- C Widowed	20. DATE DE DEATH (GAMARAGE 17 19 45 at 10:45 M
6.(b) Name of husband or wife dale James / hay Wille	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, givo age years	Jess 1843, 10 Jan 1945
7. Birth dato of	and that I last saw h
deceased (mo., day, yr.) January 3 / 778  8. A.G.F.: Years   Mynths   Days   It less than one day	Immediate cause of death DURATION
	Chronic intertetial nephritis o geas.
66 68 0 1/4min.	P
9. Birthplace Quakes Many Land Cy. Many land (Towns county, and state)	Due to.
1D. Usual occupation	Due to
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 8 months of death)
E 14. Malden name	Major findings of operations.
14. Malden name	Date of op.
16, Interment Mr. Darid A. Wille (Sa)	Antopsy results That and the safe
1001 1 +1 = 61601 7-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 224 South / runf St. Chelluland	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burisl, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Aughan Win	Where did injury occur? (City or town) (County) (State)
	Injured at home, tarm, industry, public place (where?)
Location Lux Co. M.C.	Means of injury Injured at work?
18. Funeral director Many O. Williams	injure of injury
Address Chutulin, Maryland.	16B Summons In N
Sen go us Con 1 Band	23. SIGNATURE M. D. gr other
19 Jan . 2 0 19 45 Clara & Barnes Registrar	Address an 19 Chestertlan may 1-19115

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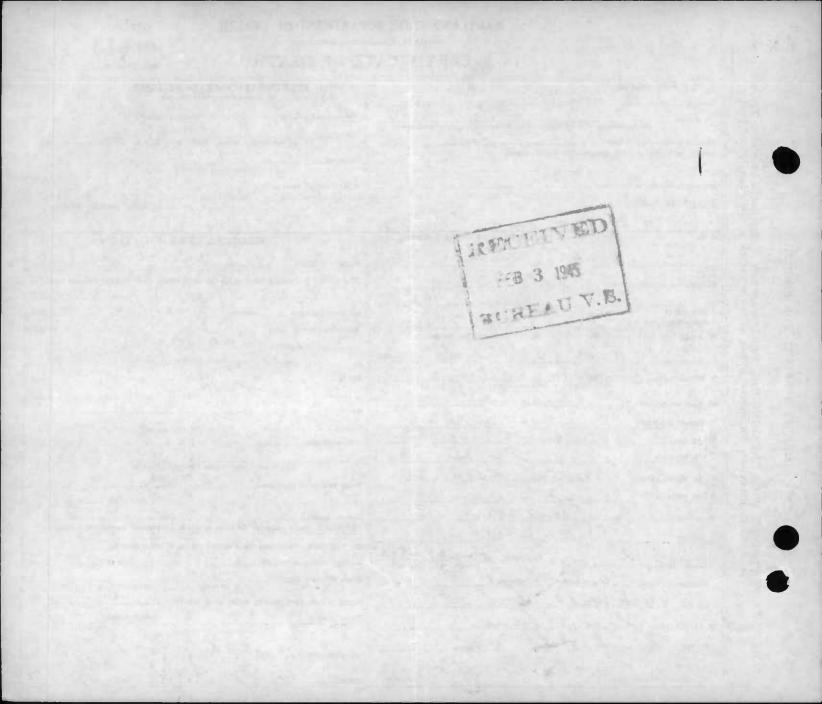
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

# CERTIFICATE OF DEATH

() (613 Reg. Dist. No. 203

1. PLACE OF DEATH: Verset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Mary Land County Kult
City or town. (If outside city or town limits, write RURAL and give nearest town)	TP. LW NO!
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No.
No.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Susan Relecca STevens	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
feen While married	20. DATE OF DEATH. Jan 21 184 x 21 11 40 P M
Oiries Vicuus	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	lefat 7 1944 to Jan 21 1845
7. Birth date of	and that I last saw h. ex. alive on
deceased (mo., day, yr.) July 23 1867	Immediate cause of death
8. AGE: Years Months Days If less than one day	Shron Gudo-Mg vearvitis
77 6 29hrsmin.	Decompensation
9. Birthplace Lhestertown Cell 6 ML (Town, county, and state)	Due to
	well
10. Usual occupation.	Due to
11. Industry or business Iwa house	
12. Name 4 m Herery & even	Other conditions
13. Birthplace Keef Co, hid	
H 14. Malden name braniau Vood	(Include pregnancy within 8 months of death)
15. Birthplace Keel Co, M.d.	Major findings of operations.
han Pearl allers	Date of op.
18. Informant	Autopsy results
Address Rock Hell, hel	
(Burial, eremation, or removal. Which?)  Bate thereof. Jan. 24. 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal. Which?)  (Burial, eremation, or removal. Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crametory. Wesley Chafel	Where did injury occur?
Location Trock Ttall md	Injured at home, farm, Industry, public place (where?)
18. Funeral director Elegan L. Lane	Means of Injury Injured at work?
Address Colomba Well mid	23. SIGNATURE Rebert & Buryard M. D. of other
19. 1/24. 19 45 S. Elwood Bongen	Cheke Ho oo hed
(Date rec'd by registrar) Registrar	Address Date signed



### MARYLAND STATE DEPARTMENT OF HEALTH

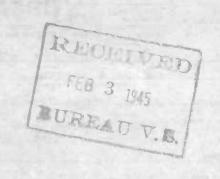
2411 N. Charles St., Baltimore 93-2

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# CERTIFICATE OF DEATH

Reg. Dist. No. 2002

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Marila D
(If outside city or town limits, write RURAL and give nearest town)	State County County
Now long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
not Demon avenue, Charlestown Mel	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frank Howard Vaylor	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
m w m	20. DATE OF DEATH. ORIGINAL 17 19.46 at 10 A M
B. (b) Name of troband or wife Claire Syssone Taylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Starts 12 1845, to Jan 17 1845
7. Sirth date of	and that I last saw h Lord alive on Adag 17 1945
deceased (mo., day, yr.) July 29, 1899	Immediate cause of death
8. AGE: Years Months Days If less than one day	Heart Famer
45 5 17hrsmin.	₩ www. Actions with the second secon
9. Birtholace Charler, Ramsylvania	must Almorder 12 has
(Town, county, and state)	Die 10.
10. Usual occupation Business Many Haccountant	Heatening Heat Review 15 Years
11. Industry or business Dodgelestomobilegery + andlet James for	Due to
	Dither conditions
12. Name James Irvin Valylor  13. Birtholace Charles Ra	
×1 0 0	(Include pregnancy within 8 months of death)
14. Maiden name. Emma Bacumon S. 15. Birtholace M. Cheller R.	Major findings of operations.
	Date of op
18. Informant Mrs. Claux Spike Vaylor, Wife	Autopsy results
Address Cheoleston, ma.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
- BURIAL AN 20 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, eremation, or removal, Whieh?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemptory MOUNT HOPE CEM,	Where did injury occur?
Location CHESTER, PENNA.	Injured at home, farm, Industry, public place (where?)
a Will: Wills	Means of Injury Injured at work?
18. Funeral director	0 0 . 10' . 1 . 1 . 0
Address ( Chesterlown, md.	23. SIGNATURE A. J. Whitsitt, M. D.
10 Jan. 18. 1845 almost Barnon	M. D. or other
Date rec'd by registrar)	Address CHESTER TOWN, Md. Date signed 1/17/45



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

00615

Reg. Dist. No. 3002

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	
(If outside city or town limits, write RURAL and give nearest town)	State Manyland - Cooply
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 200 /righ St.
500 Jugh St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Vhillip Lunge I	hompson
4. Sex 5. Color or race 6.(a) Single, married, widowed, ordivorced	MEDICAL CERTIFICATION
M W Single	EO. DATE OF DEATH. 19 545 at J H
	2 CEPTIFY/that toeth occurren on the cale above stated: that t abounded deceased from
6.(b) Name of husband or wife	
7. Birth date of	Dimied Cotto 40 be Schutz
deceased (mo., day, yr.) unu 20 1944	Immediate saused football III Sel DURATION
8. AGE: Years Months Days It less than one day	Immediate gauss of Both Buration
6 19min.	Month (Medibles)
Chefulow Manfand	
9. Birthplace (Town, county, and state)	Due to
10. Usuat occupation	
	Due to.
11. Industry or business	John Solle mer
12. Hame State The Sharen	Other conditions
13. Birthplace Mus fliby	(Include pregnaley within 8 months of death)
14. Maiden name. Insthy Jungs.	Major findings of operations
E 15. Birthplace Kennicky ville Many land	
Del & Actiff the cool	Antonia results Antonia results
16. Informant Ass.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Chufulin , Many Cone	22. VIOLENCE: If death was due to external causes, fill in the following;
17   Junier   Date thereof   1/9/45	Accident, sulcide, or homtolde
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did Injury occur?
Location Milad Salasiana Munghery	Injured at home, farm, lodustry, public place (where?)
18. Funeral director Mariana V. William.	Means of Injury Injured at work?
1 A A - 6	of Beech all the The had
Address Muchaloma May	Brand med refuel well
Dan 9, 1945 Clara & Barres	M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address Date signed

RECEIVED FEB 3 1945 BUREAU V.S.

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7	age
-/	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.
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	PLAINLY, WITH UNFADING INK. Supply every item of information carefully. T is especially important. Physicians: please write the causes of death clearly and leg
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

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Evidence for change of

cause of death is shown on

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CERTIFI	CATE	OF	DEATH	

		4	001
eg.	Dist.	No.	001

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Peter State State County County
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred	
Luck "wand Junal Justile	Street No. (If rural, give LOCATION)
How long in hospital or institution? Aug.	2.(0) If veteran, name war Utell llan #1
3. (a) FULL NAME	3. (b) Social Security Number
George C Wilthaux	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE DF DEATH. 2014 15 1945 at 11 9 M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wite	14 19.45, to Jaw 14 19.45
7. Birth date of	and that I last saw here alive on law 14
deceased (ma., day, ye) wegust - 16. 1890	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Charles May he stade the dist
55 7 19min.	Six Cothus
150001-810	Cula
9. Birthplace	Due ta.
10. Usual occupation & Aranest	41
	Due to
11. Industry or business Carpender	
E 12. Name . C. S. S. S. M. L. J.	Diher conditions following the hingmosia of May
13. Birthplace	(Include pregnancy with 3 months of death)
14. Malden name Later assess the Suchusan	
15. Birthplace Carolina Co ma	Major Endings of operations
2 11. 114	Data of op.
16. Intermant	Antopsy results
Address Kennedgnell-	
17 Burial Date thereof Jan 18 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory crumpton and	Where did injury occur? (City or town) (County) (State)
Location Crimination	Injured et home, farm, industry, public place (where?)
18. Funeral director 13R Tellows	Means of Injury Injured at work?
0+1000 1	
Address Sull Good ma	23. SIGNATURET SAWA W Fuells
19 Jan. 17 19 45 Clarent Barnes	Allestestamo Int
Dute rec'd by registrar) Registrar	Address Ulusturla MA Date signed

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FEB 3 1945

BUREAU V.S.